## **SAV SURVEY FORM**

Name:	Telephone: ()
Address:	
City:	State: Zip:
SURVEY SITE	
Name of Site/Map/Qu	uadrangle:
Date:	Time: a.m. or p.m. Water Depth: meters
Plants surveyed from	n: Boat Shore Pier Other
Water Conditions:	Clear Murky Other
SURVEY	
and identify plants pre	arked on the accompanying map, verify location and size, estimate SAV density, esent using a field guide. Write "no plants" for marked beds with no SAV. With a ition of new beds and identify them by number directly on the map.
Bed Name:	Approximate Density:
Species Present:	
-	
Comments (bed local water conditions, prob	tion and size changes, density or species changes since last sighting, weather and lems, etc.):
Bed Name:	Approximate Density:
Species Present:	
Comments (bed local water conditions, prob	tion and size changes, density or species changes since last sighting, weather and elems, etc.):

(Send completed forms to the SAV Survey Coordinator)

(Source: unknown)